SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

Authorized Agent: _

Address to send permit _

APPLICATION FOR PERMIT **BAYFIELD COUNTY, WISCONSIN**

ENTERED

Refund:

Date Stamp (Received)

Permit #: Date: Amount Paid:

Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Original Application MUST be submitted FILL OUT IN INK (NO PENCIL)														
TYPE OF PERMIT	REQUEST	ED-	DK.	LAND USE	SANIT	TARY PR	IVY	CONDITIO	ONAL USE	□ SPECIA	LUSE	□ B.O.A.	□ 0 1	THER
Owner's Name: And F W Address of Property	Lì	nd			Maili 6948	ng Address: 85 E Lor City/State/Zip	g la	ke Ro	City/State	rzip: River, l		54847	Tele 218	ephone: \$ 391 6358 Phone:
<u>69485 E </u> Contractor:	long L	ake	. Ra		Contr	Iron Ro	ver	Plumber:	548	<i>t</i> /				
Superior	Lan	Isco	use,			391 154	1	Plumber:	i				Plui	mber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))						Agent Phone: Agent Mailing Address (include City						Zip):	Aut Atta	tten horization ached Yes No
PROJECT LOCATION Legal Description: (Use Tax Statement)						Tax ID#	690				ing Ownership)			
1/4,1/4 Gov't Lot CSM CSM Vol & Page CSM Doc # Lot(s) # Block # Subdivision:														
Section	L , Towr	nship _	47 N, R	ange	w	Town o	f:	Ivon R	ver		Lot Siz	e	P	Acreage 37
				n 300 feet of Ri				Distance St	tructure is	rom Shorelir		Is your Pro		Are Wetlands
Shoreland _				of Floodplain?		escontinue					feet	in Flood Zone		Present?
	□ IS P	roperty	/Land withi	n 1000 feet of L		nd or Flowage escontinue		Distance St	tructure is	rom Shorelir	foot			Yes No
☐ Non-Shoreland	4							,				Q N	0	
					A STATE AND									
Value at Time of Completion								Total # o			hat Ty			Type of
* include		Projec	t	Project # of Storie	Project Foundation			bedroom	ıs			anitary System(s) he property or		Water
donated time & material				# OI Storie	,	roundation		property	v		-	property?		on property
Q material	 ✓New 0	Constru	onstruction 1-Story			Basement 1 Municipal/C								☐ City
	☐ Addit	ion/Ali	teration	☐ 1-Story +	☐ Foundation							cify Type:		₩ell
\$				Loft				Sanitary (Exist				cify Type:		- Well
10,000		Conversion 2-Sto										voual		
			sting bldg)								☐ Vaulted (min 200 gallon)			on)
	☐ Run a Prope		ess on		Use ☐ None ☐ Portable (w/se Year Round ☐ Compost Toile								_	
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Proposed U	Jse	1				Proposed St		re			C	Dimensions		Square Footage
						t structure on property)						Х	-)	
	3.797		Kesidenc	e (i.e. cabin, h with Loft	hunting shack, etc.)						(X)	
Residentia	l Use			with a Porc							1	X)	
	Ī			with (2 nd) F	orch			(Х)				
				with a Dec	k						(Х)	
☐ Commerci	al Use			with (2 nd) [(Х)	
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				y Building (exp		Alteration to			5 F \		13	<u>х</u> 2)	62
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	-			se: (explain) nal Use: (explai	n)						1	X)	
			Other: (ex								1	X)	
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(are) responsible for t result of Bayfield Cou	FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.													
Owner(s): (If there are Mu	Itiple Owne	rs listed	on the Deed	All Owners must	sign or l	letter(s) of auth	orizatio	on must accom	npany this ap	plication)	Da	te <u>8-10</u>	Sa	020

Date_

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

low: Draw or Sketch your Property (regardless of what you are applying for) Fill Out in Ink - NO PENCIL **Proposed Construction** (1) Show Location of: Show / Indicate: North (N) on Plot Plan

(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) (4) Show: All Existing Structures on your Property

Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (5)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond Show any (*): (6)

Show any (*): (*) Wetlands; or (*) Slopes over 20% (7)

SEE ATTAChED Sheet

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measurement	s		Description	Setback Measurements		
					Corrent	Normal ~	
Setback from the Centerline of Platted Road	125	Feet		Setback from the Lake (ordinary high-water mark)	L> 20	Feet	
Setback from the Established Right-of-Way	92	92 Feet Setback from the River, Stream, Creek		Setback from the River, Stream, Creek		Feet	
		l l		Setback from the Bank or Bluff		Feet	
Setback from the North Lot Line	125	Feet					
Setback from the South Lot Line	65	Feet		Setback from Wetland		Feet	
Setback from the West Lot Line	10	Feet		20% Slope Area on the property	☐ Yes	□ No	
Setback from the East Lot Line	55	Feet		Elevation of Floodplain		Feet	
					50		
Setback to Septic Tank or Holding Tank	30	Feet		Setback to Well		Feet	
Setback to Drain Field	40	Feet					
Setback to Privy (Portable, Composting)		Feet					
Prior to the placement or construction of a structure within ten (10) fee	et of the minimum required se	etback, the	e bo	undary line from which the setback must be measured must be visible from	one previously survey	ed corner to the	

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For the Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number: 29	8164	Sanitary Date: 5-22 - 98					
Permit Denied (Date):	Reason for Denial: Flows ! Loads on the from previous owner current owners have							
Permit#: 20-0366	Permit Date:	tour people liv	ring in house.					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Wes (Deed of Record Fused/Contiguing)		Mitigation Required Mitigation Attached		Affidavit Required Affidavit Attached Yes No				
Granted by Variance (B.O.A.) ☐ Yes No Case #:		Previously Granted by Variance (B.O.A.) ☐ Yes ✓ No Case #:						
Was Parcel Legally Created Was Proposed Building Site Delineated ✓ Yes □ No		Were Property Lines Represented by Owner Was Property Surveyed Yes No No						
on-sik and explained project state allow streetine to be replace	y old and prostatute and in foot prin	edades zonim DONR Model on Lt.	g. Landowner	Zoning District (R) Lakes Classification (2)				
Date of Inspection: 8 10 - 20	Inspected by:	dd Norwor	Date of Re-Inspection:					
Condition(s): Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached.) Structure Must be in foot print of existing boulders / Retaining wall.								
Signature of Inspector: World Norw	rool			Date of Approval: 8-25-2				
Hold For Sanitary: 🗆 Hold For TBA: 🗆 _	Hold For Affic	davit: 🗌	Hold For Fees:	_ □				

wn, City, Village, State or Federal ermits May Also Be Required

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Andrew Lind Et Al 20-0226 Issued To: No. Iron River Township Range 8 W. Location: $\frac{1}{4}$ of -Section Town of CSM# 913 Lot 2 Block Subdivision Gov't Lot

For: Residential Accessory Structure: [1- Story; Retaining Wall (12' x 2') (12' x 2') (31' x 2') = 110 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Structure must be in footprint of existing boulders / retaining wall.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Todd Norwood

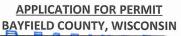
Authorized Issuing Official

August 25, 2020

Date

SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO:

Bay eld County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138



8-25-20
\$310 8-7-20

INSTRUCTIONS: No permits will be issued until all fees are paid.

M

Checks are made pay DO NOT START CONS					-	IG CO. ZONING D	ept.		FILL OU	T IN IN	(NO PE	NCIL)				
TYPE OF PERMIT I	REQUEST	ΓED—▶	X LANE	USE SA	NITAR	Y D PRIVY	CONDITIONA	AL USE	SPECIAL	USE	☐ B.O.A.		THER			
Owner's Name:	1					ng Address:	City	/State/Zip:			1	elephon	e:			
BYRON E	1,17	Œ	IR		950	15 BUSKEY	BAY DR IR	ONRIVE	R, WI	548	47					
Address of Property			01		_	State/Zip:	/ - / - /		, , ,			ell Phon	e:			
151	·										2	18 39	3 3275			
Contractor:	117	n E	18			actor Phone:	Plumber:	0:	110-P (A	5/-		lumber				
ByRON E Authorized Agent: (f =f O ==(=))	218 393 3275 BRUE VALLEY PLUMBING Agent Phone: Agent Mailing Address (include City/State/s						253.					
Authorized Agent.	(reison sigi	iiiig Applic	ation on benai	r or Owner(s))	Agen	t Filone.	Agent Manning At	idress (includ	e City/State	/ZIP):		ttached				
												Yes				
PROJECT	Legal	Descript	tion: (Use T	ax Statement)	Tax II		Reco	rded Docum	ent: (Sho	wing Ownership)						
LOCATION	LOCATION								WARRANTY DESED							
Gov't Lot Lot(s) CSM Vol & Page CSM Doc # Lot(s) No. Block(s) No. Subdivision:																
		- 1					,	1/2	(Co)	PIK	E LAKE	E PA	RK			
Section 28	3	nshin 4	-7N NR	ange 08	\A/	Town of:	0.100			Lot S	ize	Acrea	•			
Section	, 1000		IV, IV	ange	vv	IRON,	RIVER					0.	34			
	☐ Ic E	Property	/Land within	1 300 feet of Ri	ver Str	eam (incl. Intermittent)	Distance Stru	icture is fro	m Shorelin	e :						
1	Cree			of Floodplain?		escontinue>	1			feet	Is Proper		Are Wetlands Present?			
Shoreland —	► USF	Property	/Land within	n 1000 feet of L	ake. Poi	nd or Flowage	Distance Stru	ucture is fro	m Shorelin	e :	□ Ye		Yes			
	X		,			escontinue -	the state of the s	0 4			N	0	No			
Xivon-Shoreland		-				+		*.								
											-					
Value at Time		Project # of Stori					Total # of						Type of			
of Completion							bedrooms			hat Type of			Water			
* include donated time &					ries Foundation		in			Sanitary System the property?			on			
material							structure		is on t	ine pro	opertyr		property			
	☐ New Construction 📉 1-Story						☐ Basement ☐ 1 ☐ Municipal/City						☐ City			
ć	XAdd	lition/	Alteration	☐ 1-Story +	ry + Loft X Foundation 2 (New) Sanitary						fy Type:		💢 Well			
\$70,000	☐ Con	Conversion 2-Story				☐ 🔀 3 🔀 Sanitary (Exist					ify Type: 51	EPT 10				
410,000	☐ Relo	elocate (existing bldg)									Ilted (min 2	200 gallo	on)			
	a Busi	siness on			Use	□ None □ Portable (w/ser		vice contract)								
		perty				☐ Year Round ☐ Compost Toile					t					
							_	□ None								
Existing Structur	e: (if per	rmit bei	ng applied fo	r is relevant to	it)	Length:	36 FT	Width:	36	FT	Heig	ht:	13 FT			
Proposed Constr							OFT	Width:	16 F	=-	Heig		13 FT			
		end reco														
Proposed Us	se	1				Proposed Struct	ure		ur i	D	imensions	100	Square			
ic was tree on the Malah	TO ASSAULT		Principal	Structure (fir	st struc	ture on property	·\			1	Х	1	Footage			
				e (i.e. cabin, h			1			(X)				
			with Loft							(X)				
X Residential	Use		with a Porch							(Х)				
				with (2 nd) I	orch					(Х)				
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(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _

Address to send permit _

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Attach
Copy of Tax Statement

BUSKEY BAY DR. IRON RIVER, WI 54847

Date _

or Sketch your Property (regardless of what you are applying for) Fill Out in Ink - NO PENCIL Show Location of: **Proposed Construction** Show / Indicate: North (N) on Plot Plan (2) (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) (4) Show: All Existing Structures on your Property (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (6) Show any (*): Show any (*): (*) Wetlands; or (*) Slopes over 20% (7)BUSKEY BAY driveway SHED addition

Please complete (1) - (7) above (prior to continuing)

SHED

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurem	ent	Description	Measurement
	† 99	,		
Setback from the Centerline of Platted Road	90 600	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	10 50	Feet	Setback from the River, Stream, Creek	Feet
			Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	40	Feet		
Setback from the South Lot Line	10 Feet		Setback from Wetland	Feet
Setback from the West Lot Line	50	Feet	20% Slope Area on the property	☐ Yes 😾 No
Setback from the East Lot Line	60 36	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	10	Feet	Setback to Well	16 Feet
Setback to Drain Field	20	Feet	Setsuck to Well	10 1660
Setback to Privy (Portable, Composting)		Feet		

other previously surveyed corner or marked by a licensed surveyor at the owner's expense

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

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Issuance Information (County Use Only)	Sanitary Number:	5309	# of bedrooms:	Sanitary Date:				
Permit Denied (Date):	Reason for Denial:							
Permit #: 20-0230	Permit Date:	8-25-20						
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Record)	ous Lot(s))	Mitigation Required Mitigation Attached	Yes No	Affidavit Required				
Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:	#:							
Was Parcel Legally Created Was Proposed Building Site Delineated ✓ Yes □ No			es Represented by Owner Was Property Surveyed	Yes No				
Inspection Record: 5ite recortly surveyed. House appears to be right at 10' Zoning District (based on bearing between survey markers. Addition appears Code compliant. Lakes Classification (
Date of Inspection: 8 - 20 - 20	Inspected by:	d Noruro	4	Date of Re-Inspection:				
Condition(s): Town, Committee or Board Conditions Attached? Yes No – (if No they need to be attached.)								
Must obtain a uniform Dwelling Code (upc) permit from the locally Contracted								
Must obtain a uniform Dwelling Code (upc) permit from the locally Contracted upc inspection agency prior to start of constructions if required, must meet and maintain setbacks.								
meet and maintain	selbacks,		0					
Signature of Inspector: Todd Norwood	A			Date of Approval: 8-25-20				
Hold For Sanitary: 🗆 Hold For TBA: 🗆 _	Hold For Affic	lavit: 🗌	Hold For Fees:					

City, Village, State or Federal May Also Be Required

May Also Be Required

MANUTARY - 425309 (8/6/2004)

SIGN - SPECIAL - CONDITIONAL - BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. 20-0230 Issued To: Byron Little Jr

Location: - 1/4 of - 1/4 Section 28 Township 47 N. Range 8 W. Town of Iron River

Gov't Lot 1 Block 1 Subdivision Plat of Pike Lake CSM#

For: Residential Addition / Alteration: [1- Story; Entry / laundry / Bath (10' x 16') = 160 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): A uniform dwelling code (UDC) permit must be obtained from the locally contracted UDC inspection agency prior to the start of construction. Must meet and maintain set-backs.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

August 25, 2020

Date